



**ELECTRONIC DATA INTERCHANGE (EDI)
TRADING PARTNER PROFILE – PROVIDER**

State Form 51401 (R1-08) / Part of State Publication 286
Indiana State Department of Health

Indiana State Department of Health
Office of HIPAA Compliance
EDI Division 3K
2 North Meridian Street
Indianapolis, IN 46204 – 3010
(317) 233-9803

Provider of Service:

Name _____

Address (include suite) _____

City _____ State _____ ZIP + 4 _____

Contact Name _____

Telephone number _____ Fax number _____

E-Mail _____

Software Vendor Information:

(Providers, please complete this section if you are currently working with any Software vendor)
Please list all Software Vendor(s) used for submission of Medical, Dental, Vision, and Pharmacy electronic claims.

Software Vendor 1:

☐ X12

☐ NCPDP V5.1

Name _____

Address (include suite): _____

City _____ State _____ ZIP + 4 _____

Contact Name _____

Telephone number _____ Fax number _____

E-Mail _____

Software Vendor 2:

☐ X12

☐ NCPDP V5.1

Name

Address (*include suite*) _____

City _____ State _____ ZIP + 4 _____

Contact Name

Telephone number _____ Fax number _____

E-Mail _____

Clearinghouse Information:

(Providers, please complete this section if you are currently working with any clearinghouse / switch to submit transactions to the Indiana State Department of Health)

Please list all Clearinghouse(s) used for submission of Medical, Dental, Vision, and Pharmacy electronic claims.

Clearinghouse 1:☐ X12☐ NCPDP V5.1Name

Address (include suite)

City

 State

 ZIP + 4

Contact Name

Telephone number

 Fax number

E-Mail

Clearinghouse 2:☐ X12☐ NCPDP V5.1Name

Address (include suite)

City

 State

 ZIP + 4

Contact Name

Telephone number

 Fax number

E-Mail

Indicate your request(s) for the EDI transactions below

Inbound (sent from you to ISDH):

- ☐ Health Care Claim (837)
- ☐ Prior Authorization (278)
- ☐ Eligibility Request (270)
- ☐ Claim Status Request (276)
- ☐ Prior Authorization (NCPDP P1-P4)
- ☐ Billing / Reversal (NCPDP B1, B2)
- ☐ Re-bill (NCPDP B3)
- ☐ Eligibility Verification (NCPDP E1)

Outbound (sent from ISDH to you):

- ☐ Payment Advice (835)
- ☐ Prior Authorization (278)
- ☐ Eligibility Request (271)
- ☐ Claim Status Request (277)
- ☐ Response (NCPDP B1, B2)

Remittance Advices are provided twice weekly include claims submitted electronically and on paper.

Data Transmission / Retrieval Method

(please complete if you will be submitting transactions directly from your office to Indiana State Department of Health):

- ☐ Asynchronous Dial-up
- ☐ Secure FTP (planned for future use)
- ☐ Side by Side VPN connection

I am authorizing the outbound transactions indicated to be retrieved by:

- ☐ Provider of Service
- ☐ Software Vendor /Third party vendor
- ☐ Clearinghouse / Switch

Authorized Signature _____

Title of Authorized Signatory _____

Date (mm/dd/yyyy)_____